



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

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- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 61335	2. Exact name of the Corporation North Providence Chapter #4580 of American Association of Retired Persons Inc.
3. State of Incorporation R.I.	4. Brief description of the character of business conducted in Rhode Island To enhance the quality of life, promote independence, dignity or purpose for older people.

5. Principal Office Address 10 Bourne Avenue	City North Providence	State RI	Zip 02911
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elaine Cive		Vice-President Name Alexander Freda			
Street Address 60 Hunters Run		Street Address 10 Angel Road			
City No. Prov.	State RI	Zip 02904	City No. Prov	State RI	Zip 02904
Secretary Name Mary Ann Rivelli		Treasurer Name Marie Fournier			
Street Address 185 Sawmill Drive		Street Address 10 Bourne Ave.			
City N Kingston	State RI	Zip 02852	City No. Prov.	State RI	Zip 02911

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mattéo Di Sano		Director Name Peter Rivelli			
Street Address 85 Blue Ganton Rd.		Street Address 185 Sawmill Dr. #109			
City Cranston	State RI	Zip 02921	City N Kingston	State RI	Zip 02852
Director Name Alex Greenman		Director Name Carmine Russo			
Street Address 26 Fitzkugh		Street Address 19 Primrose St.			
City No. Prov.	State RI	Zip 02904	City No. Prov	State RI	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Marie A. Fournier	Date
Signature of Officer/Authorized Representative Marie A. Fournier	

FILED

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BY CU 304168